Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. MOTION PICTURE ASSOCIATION INC POLITICAL ACTION COMMITTEE (MPAAmerica PAC) 1600 Eye Street NW ADDRESS (number and street) (Check if address is changed) Washington 20006 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS melisa_king@motionpictures.org (Check if address X is changed) Optional Second E-Mail Address patrick_kilcur@motionpictures.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00139519 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Nall, Suzanne, , , Type or Print Name of Treasurer Nall, Suzanne, , , [Electronically Filed] 09 26 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FFC: F	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE	i aye 🚣
Candidat	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State DC District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number C	
4.		

FFC Form 1 (Povised 0	2/2000)		Dogo 2
FEC Form 1 (Revised 0 Write or Type Committee Name	717009)		Page 3
		AL ACTION COMMIT	TEE (MDAAmariaa DAC)
	SSOCIATION INC POLITIC		,
6. Name of Any Connected O	rganization, Affiliated Committee, Jo	int Fundraising Representative	e, or Leadership PAC Sponsor
MOTION PICTURE AS	SSOCIATION, INC.		
	1600 Eye Street NW		
Mailing Address			
	WASHINGTON	DC	20006
	WASHINGTON		
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	tify by name, address (phone number	optional) and position of the p	person in possession of committee
King, Melis	a, , ,		
Full Name	,15301 Ventura Blvd.		
Mailing Address			
	Bldg E		
	Sherman Oaks	CA	91403
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records		Telephone number	818 995 6600
8. Treasurer : List the name and any designated agent (e.g., as	address (phone number optional) o ssistant treasurer).	f the treasurer of the committee	e; and the name and address of
Full Name Nall, Suzan	ne, , ,		ı
of Treasurer	145204 Venture Phys		
Mailing Address	15301 Ventura Blvd.		
	Bldg E		
	Sherman Oaks	CA	91403
Title on Deciri	CITY	STATE	ZIP CODE
Title or Position Treasurer		Telephone number	818 - 995 - 6600

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Full Name of Designated P	Palmer, Mary, , ,	
Mailing Address	15301 Ventura Blvd.	
	Bldg E	
	Sherman Oaks CITY STATE	ZIP CODE
Title or Position Designated Agent		995 - 6600
anfatu danaali bassa	epositories: List all banks or other depositories in which the committee deposits funds, holds	,
Name of Bank, Dep	IP Morgan Chase	
Name of Bank, Dep	pository, etc.	
Name of Bank, Dep	pository, etc. JP Morgan Chase	
Name of Bank, Dep	De 19713	ZIP CODE
Name of Bank, Dep	De 19713 CITY STATE	ZIP CODE
Name of Bank, Dep	De 19713 CITY STATE	ZIP CODE
Name of Bank, Dep Mailing Address Name of Bank, Dep	De 19713 CITY STATE	ZIP CODE
Name of Bank, Dep	De 19713 CITY STATE	ZIP CODE
Name of Bank, Dep Mailing Address Name of Bank, Dep	De 19713 CITY STATE	ZIP CODE
Name of Bank, Dep Mailing Address Name of Bank, Dep	De 19713 CITY STATE	ZIP CODE